CORRECTION AFFIDAVIT

FORM COR-C/OH

	CANDII		R FFICEHO		99. M. A. 80!	TON IO
See backside for instr			TICENC	2001 ·	W. 27 A	M: 08
ACCOUNT#		2	Total pages filed:			
CANDIDATE / OFFICEHOLDER NAME	MR. NICKNAME JIM	JAMES LAST WILLIA	tm.S	MI R., SUFFIX	OFFIC Date Received	CE USE ONLY
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election	Runoff Exceeded \$500 15th day after to appointment (company)		ecify)	Date Hand-deliver	red or Date Postmarked
5 ORIGINAL PERIOD COVERED	8th day before election Month Day Year 4 /26 / 0 /		Month Day 7 / 9 /	Year	Receipt # Legal Date Processed Date Imaged	Amount
EXPLANATION OF CORRECTION	NOT NOTA	LI ZED				
AFFIX NOTARY STATES	POF SEAL ABOVE POF SEAL ABOVE	re prorre	port is true and compity after learning affirm, under per eporting requirements.	prrect and thing of the emisalty of perjuent when I file of Candignature of Ca	eat I am filing to or(s) in the original ry, that I did no led the original did the original did the or Officehold	or .
Minus S, lyc Signature of officer administerible	g cath Printe	MIINAA S.	inistering oath		day	
Remen	nber To Attach An	y Part Of Th	e Campaign	Finance	Report Fo	rm

Texas Ethics Commission P.O. Box 12070 Austin, Texa	as 78711-2070 (512)463-5800 1-800-325-85
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPOR	
The C/OH INSTRUCTION GUIDE explains how to complethis form.	te 1 ACCOUNT# 2 Total pages filed:
3 CANDIDATE / TITLE FIRST OFFICEHOLDER NAME MR NICKNAME LAST WILLIAM	OFFICE USE ONLY Date Received
4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; OFFICEHOLDER ADDRESS Change of Address	CITY: STATE: ZIP CODE ANTONIO TX 78248 Date Hand-delivered or Date Postmarked
5 CAMPAIGN TITLE FIRST TREASURER NAME Mr. Randle NICKNAME LAST (Randy) RCSS	MI Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT 8531 N.New Brawfels	/suite#: city; state; zipcode #200 San Antonio TX 18217
7 CAMPAIGN TREASURER PHONE (210) 824-3931	EXTENSION
8 REPORTTYPE January 15 30th day before elect July 15 8th day before elect 9 PERIOD Month Day Year	appointment (officeholder only)
04/26/01	ROUGH 7 /9 /01
10 ELECTION ELECTION DATE Day Year O Print Print	
11 OFFICE OFFICE HELD (if any)	12 OFFICE SOUGHT (FKNOWN) City Council District 9
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Marketin Direct campaign expenditures are campaign expendit	xpenditures made by others without the candidate's prior consent or approval. on only if they receive notification of the direct campaign expenditure.
additional pages	
GO TO	D PAGE 2

	CANDIDATE SUPPORT		SEHOLDER REPORT:	FORM C/OH OVER SHEET PG 2
14	C/OH NAME		2001 01 27 A 14	ACCOUNT # (Etnics Commission filers)
16	NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidates at they receive notice of such expenditures.	
	COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	2 3
		GENERAL	COMMITTEE ADDRESS	20 -
		SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	additional pages			<u>.</u>
			COMMITTEE CAMPAIGN TREASURER ADDRESS	28
17	NO REPORTABLE ACTIVITY	Check here if n	o reportable activity occurred during this reporting period. (Sign affidavit below an	nd submit pages 1 and 2 only.)
18	CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS), UNLESS ITEMIZED	\$
			POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 675.00
	EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ —
		4. TOTAL	POLITICAL EXPENDITURES	\$ 4792.66
	OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ Ø
	AFFIDAVIT	0.1		nation required to be reported by
of	Milinda Q) <u>V I</u> , to cert	ify which, witness my hand and seal of office. Note:	71 h i
	Signature of officer adr	nin stering oath		officer administering oath

	nmission P.O. Box 12070 Austin	Texas 78711-2070	(512) 463	3-5800 1-800-325-8506
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	3	TO FOR	SCHEDULE A1 AS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.	-0 00 07	1 Total pages this	Schedule A1:
2 FILER NAME		Land of the second	3 ACCOUNT # (Et	nics Commission filers)
	Mr. James R. Will	iams		
4 Date	5 Full name of contributor Out-of-state PAC (IDIK_		7 Amount of	8 In-kind contribution
	Corbo Family Limited	Dartnershie	contribution (\$)	description (if applicable)
1101.	6 Contributor address; City; State; Zip Code			
4/30/01			\$ 250	(f.).
	1430 N. Plores		0,00	
	San Antonic TX 780	اک		1
9 Principal occu	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
Date			contribution (\$)	description (if applicable)
	Clarence/Dunna Ge	rters		
5/1/01	Contributor address; City; State; Zip Code		⁴ 50	• • · · · · · · · · · · · · · · · · · ·
0///0/	2514 Wilderness Hill			
				**
Britanian	San Antonio TX 7823	Employer (Option	-13	
Principal occu	pation (Optional)	Етрюуег (Орвоп	aı)	
Date	Full name of contributor Out-of-state PAC (IDIF:)	Amount of	In-kind contribution
Date			Amount of contribution (\$)	In-kind contribution description (if applicable)
:	Janice Bobo			
5/25/01	Janice Bobo Contributor address: City: State: Zin Code		contribution (\$)	
:	Janice Bobo contributor address; City; State; Zip Code 9407 De Chene			
:	Janice Bobo Contributor address; City; State; Zip Code 9407 De Chene	350	contribution (\$)	
5/25/01	Janice Bobo contributor address; City; State; Zip Code 9407 De Chene	Employer (Option	contribution (\$)	
5/25/01	Janice Bobo contributor address; City; State; Zip Code 9407 De Chene San Antonio TX 78		contribution (\$)	
5/25/01	Janice Bobo contributor address; city; State; zip Code 9407 De Chene San Antonio TX 78		contribution (\$)	
5/25/01 Principal occur	Janice Bobo Contributor address; City; State; Zip Code 9404 De Chene San Antonio TX 780 pation (Optional) Full name of contributor out-of-state PAC (IDI):		contribution (\$)	description (if applicable)
5/25/01 Principal occur	Janice Bobo Contributor address; City; State; Zip Code QHOM De Chene San Antonio TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDN:_ Gene Hansen		al)	description (if applicable)
5/25/01 Principal occur	Janice Bobo Contributor address; City; State; Zip Code QHOM De Chene San Antonic TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDE:_ Gene Hansen Contributor address; City; State; Zip Code		al) Amount of contribution (\$)	description (if applicable)
5/25/01 Principal occur	Janice Bobo contributor address; City; State; Zip Code 9407 De Chene San Antonio TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDN:_ Gene Hansen contributor address; City; State; Zip Code 350 E. OLMOS # 2		al)	In-kind contribution description (if applicable)
5/25/01 Principal occur	Janice Bobo Contributor address; City; State; Zip Code QHOM De Chene San Antonic TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDE:_ Gene Hansen Contributor address; City; State; Zip Code		al) Amount of contribution (\$)	description (if applicable)
SIQS/01 Principal occur Date 6/12/01	Janice Bobo contributor address; City; State; Zip Code 9407 De Chene San Antonio TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDN:_ Gene Hansen contributor address; City; State; Zip Code 350 E. OLMOS # 2		al) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur Date 6/13/01 Principal occur	Janice Bobo contributor address; City; State; Zip Code QHOM De Chene San Antonic TX 78 pation (Optional) Full name of contributor Out-of-state PAC (IDE) Gene Hansen contributor address; City; State; Zip Code 350 E. OLMOS # 2 San Antonio TX 78212 pation (Optional)	Employer (Option	al) Amount of contribution (\$)	In-kind contribution description (if applicable)
SIQS/01 Principal occur Date 6/13/01	Janice Bobo Contributor address; City: State; Zip Code QHOM De Chene San Antonio TX 788 pation (Optional) Full name of contributor out-of-state PAC (IDIT) Contributor address; City: State; Zip Code 350 E. OLMOS #2 San Antonio TX 78212 pation (Optional)	Employer (Option	al) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	Janice Bobo contributor address; City; State; Zip Code QHOM De Chene San Antonic TX 78 pation (Optional) Full name of contributor Out-of-state PAC (IDE) Gene Hansen contributor address; City; State; Zip Code 350 E. OLMOS # 2 San Antonio TX 78212 pation (Optional)	Employer (Option	al) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Janice Bobo Contributor address; City: State; Zip Code QHOM De Chene San Antonio TX 788 pation (Optional) Full name of contributor out-of-state PAC (IDIT) Contributor address; City: State; Zip Code 350 E. OLMOS #2 San Antonio TX 78212 pation (Optional)	Employer (Option	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	Janice Bobo Contributor address; City; State; Zip Code QHOM De Chene San Antonic TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDM: Antonic TX 7821) Contributor address; City; State; Zip Code 350 E. OLMOS #2 San Antonic TX 78212 pation (Optional) Full name of contributor out-of-state PAC (IDM: TAMES Robert Allen) Contributor address; City; State; Zip Code	Employer (Option	al) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	Janice Bobo Contributor address; City; State; Zip Code QHOM De Chene San Antonio TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDM: Gene Hansen Contributor address; City; State; Zip Code 350 E. Olmos #2 San Antonio TX 78212 pation (Optional) Full name of contributor out-of-state PAC (IDM: James Robert Allen Contributor address; City; State; Zip Code	Employer (Option Employer (Option	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup Date 6/12/01 Principal occup Date 6/14/01	Janice Bobo Contributor address; City; State; Zip Code QHOM De Chene San Antonic TX 78 pation (Optional) Full name of contributor Out-of-state PAC (IDH: Aene Hansen Contributor address; City; State; Zip Code 350 E. OLMOS #2 San Antonio TX 78212 pation (Optional) Full name of contributor Out-of-state PAC (IDH: James Robert Allen Contributor address; City; State; Zip Code	Employer (Option Employer (Option	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup Date 6/12/01 Principal occup Date 6/14/01	Janice Bobo Contributor address; City; State; Zip Code QHOM De Chene San Antonio TX 78 pation (Optional) Full name of contributor out-of-state PAC (IDM: Gene Hansen Contributor address; City; State; Zip Code 350 E. Olmos #2 San Antonio TX 78212 pation (Optional) Full name of contributor out-of-state PAC (IDM: James Robert Allen Contributor address; City; State; Zip Code	Employer (Option Employer (Option	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

required.)		Candidate / Oπicenoider name	Office sough
			Va
Date	Payee name Las Palapas		Amount (\$)
5/4/01	Payee address; City; State; Zip Code 2311 Wilderness Hill		\$ 80.91
•	San Antonio TX 7	8 3 31	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditur Candidate / Officeholder name	e to benefit C/OH Office sought Office held
election	party		
Date	Payee name		Amount (\$)
5/4/01	Allied Advertising Payee address; City: State: Zip Code3700 Blanco Road San Antonio TX 78	- 212	481,14
Purpose of pay	ment (See instructions regarding type of information	·· Complete if direct expenditur	e to benefit C/OH •c

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Bigns

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. 102 of 2 FILER NAME Mr. James R. Williams Amount Duke Keller Advertising 6 Payee address; City; State; Zip Code 514101 26254 IH 10 West Boerne, TX 78006 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held outdoor sign **Amount** Jim Williams JR. Payee address; City; State; Zip Code 5/5/01 15190 Cadillac San Antonio TX 78248 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held reimb for election party Supplies Date **Amount** Jim or Pam Williams Payee address; City; State; Zip Code 15190 Cadillac. 5/5/or San Antonio TX 78248 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... Candidate / Officeholder name volunteer lunches Date Debbie Rodgers Payee address; City: State: Zip Code Sholor 400 W. Bitters # 1112 San Antonio TX 78216 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH Candidate / Officeholder name consulting Fees ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITI	CAL EXPENDITURES	HELL ATO CITY OF SALEANTONIO	SCHEDULE F
The Instruction	ж Guide explains how to complete this form.	7001 24 27 A 1:08	s Schedule F: 465
2 FILER NAM	Mr. James R.	Williams 3 ACCOUNT	# (Ethics Commission filers)
	5 Payee name Wells Fargo Bank 6 Payee address; City; State; Zip Code 40 NE Loop 410 San Antonio TX 75 ment (See instructions regarding type of information	ラート ・ Complete if direct expenditure	7 Amount (\$) \$\int \left(\cappa_1\cappa_2\cap
required.)	g acct maintenance Fee	Sompleto il dilect expelicitare	Office sought Office held
Date 6/7/0/	Payee name LTC Payee address; City: State; Zip Code 5C8 W. Rhap Scody San Antonio TX		# 411.00
required.)	ment (See instructions regarding type of information	** Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held
(b) -7/(c)	Payee name Election Support Payee address; City; State; Zip Code 4958 Military San Antonio TX	Drive West	Amount (\$)
required.)	ment (See instructions regarding type of information Ging / Dhone lists	Complete if direct expenditure t	to benefit C/OH Office sought Office held
Date	Payee name Election Support Scrip; State; Zip Code Payee address; City; State; Zip Code 4958 Military Driv San Antonio Tx 78;	e west -	Amount (\$)
required.)	ment (See instructions regarding type of information	· Complete if direct expenditure t	o benefit C/OH Office held
Printed on recycled	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEEDED	Revised 04/04/2000

POLITI	CAL EXPENDITURES		SCHEDULE F
		CHARLES ED ANTONIO	
The Instruction	ЭН GUIDE explains how to complete this form.	1 Total page	es Schedule F: 5
2 FILER NAM	Mr. James R. Wil	2001 77. 21 3 Mccollin	T # (Ethics Commission filers)
4 Date	Fandle R. Ross 6 Payee address; City: State; Zip Code 8531 N. New Braunf San Antonio TX		7 Amount (\$) \$250.00
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 •• Complete if direct expenditur Candidate / Officeholder name	e to benefit C/OH Office sought Office held
accor	unting services		
Date 6/27/01	Payee name Wells Fargo Bank Payee address; City; State; Zip Code 40 NE Loop 410 San Antonio TX 78	3216	Amount (\$)
Purpose of pay	ment (See instructions regarding type of information	·· Complete if direct expenditure	
	ment Charge	Candidate / Officeholder name	Office sought Office held
Date 6/27/01	Payee name Wells Fargo Bank Payee address; City; State; Zip Code 40 NE Loop 410 San Antonio TX 7	8216	Amount (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure	e to benefit C/OH Office sought Office held
Chockin	g acct maintenance fee	Calibrate / Cincalibrati Hallie	Cinca story it
7/9101	Payee name Debbie Rodgrs Payee address: City: State: Zip Code		Amount (\$) \$139,81
required.)	rment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	a to benefit C/OH
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	9: 7
Printed on recycle	ed paper		Reymed 04/04/2000

		NDIDATE / OFFICEHOLDER REPOR SIGNATION OF FINAL REPORT	:Т:		TANK TENE	Uroil Ni	ORM	ı C/	ОН -	FR
	The I	nstruction Guide explains how to complete this form.		* 0	. 1		70			
1			epo	ort"	••					
	C/OH	Mr. James R. Williams				2	ACCO	UNT#	(Ethics Comm	nission filers)
3	SIGN	ATURE								
	a rep	not expect any further political contributions or political expenditures in connectort as a final report terminates my campaign treasurer appointment. I allibutions or make any campaign expenditures without a campaign treasurer appointment.	SO I	ınder	stand	that i	∕. I unde may not	erstand accer	that design t any car	gnating mpaign
			X	an	_	L	ulu	u_	<u>` </u>	_
			T	Gig	natui	e of Ca	indidat	e / Offi	ceholde	
4	FILER	R WHO IS NOT AN OFFICEHOLDER splete A & B below <i>only</i> if you are a candidate ••	+	<i>f</i>					JUL 2	
									0	<u> </u>
	A.	CAMPAIGN FUNDS								
	Chec	k only one:							Ų.	,
	×	, I do not have unexpended contributions or unexpended interest or income e	am	ed fro	m po	litical co	ntributio	ns.	67:	٠.
		I have unexpended contributions or unexpended interest or income earned fr convert unexpended political contributions or unexpended interest or income also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions longer tunderstand that I must dispose of unexpended political contributions and contributions in accordance with the requirements of Election Code, § 254.20	e ea s ar than une	rned nd tha	on po t I ma vears	olitical c By not re	ontribution tain une	ons to expendence	personal i	use. I utions
	В.	ASSETS								
	Check	k only one:								
	M	I do not retain assets purchased with political contributions or interest or other	er ir	ncome	e fron	n politica	l contrib	utions.		
		I do retain assets purchased with political contributions or interest or other in may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with political Election Code, § 254.204.	othe	er ince	ome f	rom noi	itical cor	atributio	ons to ner	enna!
			+	an	si	L gnature	ulu e of Car	ndidate		
		EHOLUER liete this section <i>only</i> if you are an officeholder ••	7	J		<u>-</u>	· · ·		: -	
		I am aware that I remain subject to filing requirements applicable to an officehold	ter v	vho d	oes n	ot have :	a campa	ign trea	surer on fi	le.
					Sig	nature	of Offic	eholde	er	

	TE/OFFICEHOLDER ON FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTE this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR James NICKNAME LAST (Jim) Williams	MI R. SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / POBOX; APT / SUITE #: C 15190 Cadillac. Dr. San Ar	STATE: ZIP CODE	Date Hand-delivered or Date Postmarked
⁵ CAMPAIGN TREASURER NAME	TITLE FIRST Mr. Randle NICKNAME LAST (Randy) ROSS	MI R . SUFFIX	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUIT 8531 N. NEW Brawfels #21		ZIP CODE TX 18217
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 824-3931	EXTENSION	7
8 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year OH / 26 / OI THROU	Month Day JGH 1 / 9	Year / C) \
10 ELECTION	Month Day Year ELECTION TYPE 05/08/01 Primary	E Runoff 🔀	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known	cil District 9
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expen Candidates are required to disclose this information or Name	nly if they receive notification of the dire	didate's prior consent or approval. ct campaign expenditure.
additional pages	Address / PO Box; Apt. / Suite #; City; State: Zi	ip Code	
	GO TO P	PAGE 2	0 33 5 5 5

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidated they receive notice of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	9 3
	GENERAL SPECIFIC	COMMITTEE ADDRESS	20 7.00
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	28 G
17 NO REPORTABLE ACTIVITY	Check here if n	o reportable activity occurred during this reporting period. (Sign affidavit beli	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 675.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ —
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4792.66
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LY OF THE REPORTING PERIOD	\$ \$
19 AFFIDAVIT			
		I swear, or affirm, under penalty of point is true and correct and includes all in me under Title 15, Election Code.	
		Signature of Candid	date or Officeholder
AFFIX NOTARY STAMP	/ SEAL ABOVE		± **
Sworn to and subscrib	ed before me, by t	he said	, this the day
of, 20	0 , to cert	ify which, witness my hand and seal of office.	
Signature of officer ad	ministering cath	Printed name of officer administering oath Title	e of officer administering oath

SCHEDULE A1

OTHER	THAN PLEDGES OR LOANS	5		SC-SPAC, SPAC, & SPAC-SS)		
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this Schedule A1:			
2 FILER NAME	Mr. James R. Will	liams	3 ACCOUNT # (Et	nics Commission filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Corbo Family Limited 6 Contributor address; City; State; Zip Code 1430 N. Flores		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
9 Principal occup	San Antonic TX 782	10 Employer (Option	al)			
Date 5/1/01	Full name of contributor Out-of-state PAC (ID#:_ Clarence / Dunna Ge Contributor address; City; State; Zip Code	erfers	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	2514 Wilderness Hill San Antonio TX 7823					
Principal occu	pation (Optional)	Employer (Option	nal)	May 18		
Date	Full name of contributor owl-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)		
5/25/01	contributor address; City; State; Zip Code 9407 De Chene San Antonic TX 75	a50	\$25			
Principal occu	pation (Optional)	Employer (Option	l nal)	•		
Date	Full name of contributor Out-of-state PAC (ID#:) Amount of		In-kind contribution		
6/12/01	Gene Hansen Contributor address; City; State; Zip Code 350 E. OLMOS #2		contribution (\$)	description (if applicable)		
	San Antonio TX 78212					
Principal occu	pation (Optional)	Employer (Option	nal)			
Date 6/14/01	Full name of contributor out-of-state PAC (IDH:_ James Robert Allen Contributor address; City; State; Zip Code ——1262 Phantom Valley San Antonio TX 78	D-332	Amount of contribution (\$)	In-kint/Pontribution description (if applicable)		
Principal occu	pation (Optional)	Employer (Option	nal)	1 (4) (1) 1 (4) (4) (4) 1 (4) (4)		
	ATTACH ADDITIONAL CODIE	e oe tulé con				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAME	Mr. James R. Will	iams	3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
4126101	Wells Fargo Bank 6 Payee address; City, State; Zip Code 40 NE Loop 410			\$2.œ
9. Rumoso of nav	San Antonio TX 78		irect expenditure	to benefit C/OH ••
required.)	_	Candidate / Officeholder		Office sought Office held
Checking	account service charge			
Date	Payee name			Amount (\$)
5/1/01	LTC Payee address; City; State; Zip Code 508 W Rhapscdy		* * * * * * * * *	\$609.49
	San Antonio TX 78	216		1 (44) 1 (44)
Purpose of pay	yment (See instructions regarding type of information	· · Complete if c		to benefit C/OH •• Office sought Office held
5/4/01	Payee name LOS Palapas Payee address; City; State; Zip Code 2311 Wilderness Hill			* 80.91
	San Antonio TX 7	8231	i de la companya da santa da s	
Purpose of pa required.)	lyment (See instructions regarding type of information	Complete if (Candidate / Officeholder		o to benefit C/OH ** Office sought Office held
election	n party			
Date	Payee name			Amount (\$)
5/4/01	Allied Advertising Payee address; City; State; Zip Code3760 Blanco Road			481.14
		3212		
Purpose of parequired.)	ayment (See instructions regarding type of information	·· Complete if Candidate / Officeholde		e to benefit C/OH COMice sought COMice held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

(512) 463-5800 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission SCHEDULE F **POLITICAL EXPENDITURES** 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. ACCOUNT # (Ethics Commission filers 2 FILER NAME Mr. James R. Williams Date Duke Keller Advertising 6 Payee address; City, State; Zip Code 514/01 26254 IH 10 West 78006 Boerne, Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name outdoor sign Amount Date Jim Williams JR Payee address; City; State; Zip Code 5/5/01 15190 Cadillac San Antonio TX 78248 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · Candidate / Officeholder name reimb for election party Supplies Date Jim or Pam Williams Payee address; City; State; Zip Code 5/5/01 15190 Cadillac San Antonio TX 78248 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name volunteer lunches Amount Date Debbie Rodgers Payee address; City; State; Zip Code Sholor 400 W Bitters # 1112 San Antonio TX 78216 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

consulting Fees

 $\dot{\phi}$ co

(512) 463-5800

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME	Mr. James R. 1		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/17/01	5 Payee name Polanika 6 Payee address; City; State; Zip Code 1418 N. Zarzamora San Antonio 7x 78		7 Amount (\$) \$ 53,89
required.)	ment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/OH me Office sought Office held
5(n (U)	Payee name Steve Buitron Payee address; City; State; Zip Code 2719 Floral Way San Antonic TX 78	ia47	# 450.00
required.)	rment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder nai	ct expenditure to benefit C/OH me Office sought Office held
Date 5/18/01	Payee name Debbie Rodgys Payee address; City; State; Zip Code 400 W BITTERS #11 San Antonio TX		Amount (\$) \$ 276.79
Purpose of pay required.) telep	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nar	ct expenditure to benefit C/OH me Office sought Office held
5125/01	Payee name Wello Fargo Bank Payee address: City: State: Zip Code	78alb	Amount (\$) _
required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nar	ct expenditure to benefit C/OH Office sought Office held
Printed on recycle	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED 9

Austin, Texas 78711-2070

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruction	N Guide explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAME	Mr. James R. V	villiams 3	ACCOUNT # (Ethics Commission filers)
4 Date 5/25/01	5 Payee name Wells Fargo Bank 6 Payee address; City: State; Zip Code 40 NE LOOP 410 San Antonio TX 78	316	7 Amount (\$) \$\(\(\)
required.)	ment (See instructions regarding type of information acc+ maintenance fee	9 Complete if direc Candidate / Officeholder nam	t expenditure to benefit C/OH •• Office sought Office held
Date 6/7/01	Payee name LTC Payee address; City; State; Zip Code 508 W. Rhap sody San Antonio TX		## Amount (\$)
required.)	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nam	t expenditure to benefit C/OH •• ne Office sought Office held
Date 6/-1/01	Payee name Election Support Payee address; City; State; Zip Code 4958 Military	Services Drive west	Amount (\$)
Purpose of pay required.)	Can Antonio TX /ment (See instructions regarding type of information		t expenditure to benefit C/OH ·· ne Office sought Office held
Wall	king/phone lists		
Date	Payee name Election Support Son Payee address; City; State; Zip Code 14958 Military Driv San Artonio Tx 78.	e West	Amount (\$)
required.)	yment (See instructions regarding type of information		et expenditure to benefit C/OH ·· Como nel Office sought
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	
Printed on recycle	ed paper		Revised 04/04/20

Revised 04/04/2000

P.O. Box 12070 Austin, Texas 78711-2070

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruction	GUIDE explains how to complete this form.		1 Total pages Schedule F: 5
2 FILER NAME		_	3 ACCOUNT # (Ethics Commission filers)
	Mr. James R. Will	iams	T7 Amount
4 Date	5 Payee name		7 Amount (\$)
6/20101	Randle R. Ross		\$250.00
CISCIOI	6 Payee address; City; State; Zip Code 8531 N. New Braunf	iels #202	P 200,00
	San Antonio TX 7		
8 Purpose of pay	ment (See instructions regarding type of information		rect expenditure to benefit C/OH ••
required.)		Candidate / Officeholder n	ame Office sought Office held
accou	inting services		
Date	Payee name		Amount (\$)
	Wells Fargo Bank		
6/27/01			\$ 2.00
	40 NE LOOP 410		
		1216	
Purpose of pay required.)	ment (See instructions regarding type of information		rect expenditure to benefit C/OH •• name Office sought Office held
State	ment Charge		v
Date	Payee name		Amount
	Wells Fargo Rank Payee address; City; State; Zip Code		(\$)
6/27/01			\$10.00
-10 //0/	40 NE LOOP 410		¥ 10. 33
	San Antonio TX 7	8216	
Purpose of pay required.)	ment (See instructions regarding type of information	 Complete if di Candidate / Officeholder r 	rect expenditure to benefit C/OH •• name Office sought Office held
Crockin	g and maintenance fee		
Date	Payee name		Amount (\$)
7/01	Debbie Rodgrs		
7/9/01	Payee address; City; State; Zip Code	2	<u>=</u> \$139,81
	San Antonio TX 78	5216	<u> </u>
	yment (See instructions regarding type of information	Complete if d	irect expenditure to benefit C/OH
required.)	sulting fees	Candidate / Cincendider	N :
	Julian in Julian in the second		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	VEEDED .
1			

160	65 CU IKS	CONTENISSION P.O. BOX 12070 Addition Texas 767 11-2070		(312)403-0000	1-000-	323-030
		NDIDATE / OFFICEHOLDER REPORT	RT:	FORM C	′ОН - F	R
		struction Gulde explains how to complete this form. splete only if "Report Type" on page 1 is marked "Final l	Report" ••	•		
1	C/OH N	_		2 ACCOUNT#	F(Ethics Commission	on filers)
		Mr. James R. Williams				
3	SIGNA	ATURE				
	a rep	ot expect any further political contributions or political expenditures in connect as a final report terminates my campaign treasurer appointment. It is butions or make any campaign expenditures without a campaign treasurer and the second second second second second second second sec	also underst	tand that I may not acce		
			James	a 1 celier.		
				ature of Candidate / Of	ficeholder	and the second
					<u>_</u>	gent 1/2
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are a candidate ••	V		JUL 20	
	A.	CAMPAIGN FUNDS			Annua of P part of P	
	Chec	k only one:			Ó	
	×	I do not have unexpended contributions or unexpended interest or income	earned from	m political contributions.	29	-
		I have unexpended contributions or unexpended interest or income earned convert unexpended political contributions or unexpended interest or inco also understand that I must file an annual report of unexpended contribution or unexpended interest or income earned on political contributions longe understand that I must dispose of unexpended political contributions are contributions in accordance with the requirements of Election Code, § 254.	me earned or ons and that r than six ye nd unexpend	on political contributions to I may not retain unexpen- ears after filing this final r	personal use ded contributi report. Furthe	e. I ions er. I
	В.	ASSETS				
	Check	conly one:				
	×	I do not retain assets purchased with political contributions or interest or o	ther income	from political contribution	5 .	
		I do retain assets purchased with political contributions or interest or other may not convert assets purchased with political contributions or interest of use. I also understand that I must dispose of assets purchased with politic Election Code, § 254.204.	or other inco	me from political contribu	tions to perso	onal
			į		~ `	
			Jan	is L when		
			$I \setminus I$	Signature of Candida	te	
5		EHOLUER olete this section <i>only</i> if you are an officeholder ••	\bigcup	_	; °	
		I am aware that I remain subject to filing requirements applicable to an officeh	older who do	pes not have a campaign tre	easurer on file	1
				Signature of Officehold	der	
				Signature of Chicehold	J U 1	J

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction this form.	n Guide explains		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	0 5	
3 CANDIDATE/ OFFICEHOLDER NAME	Mr. NICKNAME (Jim)	FIRST James LAST Williams	MI R SUFFIX	OFFICE U	0 0 0 0 0	
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	ADDRESS / PO BOX; 15190 Cadi	apt/suite#; G Hac Dr. San/	city; state; zip code Antonio TX 78248	Date Hand-delivered or	Date Postmarked	
5 CAMPAIGN TREASURER NAME	Mr. NICKNAME (Randy)	FIRST Randle LAST ROSS	MI R. SUFFIX	Receipt # Date Processed Date Imaged	Amount	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRÉSS (NO 853) N. Neu		uite#; city; state; Dad San Antonio	ZIP CODE TX TS217		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	January 15	30th day before election	n Exceeded \$500 limit	15th day after car appointment (office Final report (Attac	scholder only)	
9 PERIOD COVERED	Month Day 03 / 27 /	Year THRO	DUGH OH /25	Year		
10 ELECTION	Month Day O5 / O8 /	Year		d General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (IT know	m) il Distric	+9	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign e Candidates are requir Name	xpenditures are campaign exp ed to disclose this information	penditures made by others without the car n only if they receive notification of the dir	ndidate's prior consent or ect campaign expenditur	r approval. e. ••	
additional pages	Address / PO Box; A	ot. / Suite #; City; State;	Zip Code			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	James	R. Williams	15 ACCOUNT #(Ethics Commission filers)
16 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the without the candidate's or officeholder's knowledge or consent. Cf they receive notice of such expenditures.	e candidate / officeholder. These expenditures andidates and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	3 97
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
	37 237 10	COMMITTEE CAMPAIGN TREASURER NAME	9: 13
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY		no reportable activity occurred during this reporting period. (Sign affi	idavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER T ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 7,700.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS IT	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4,973,67
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS AY OF THE REPORTING PERIOD	OF THE \$ —
19 AFFIDAVIT			
Z ALTIDAVII			Ity of perjury, that the accompanying report es all information required to be reported by ode.
		Ames L ulcl	
		Signature of	Candidate or Officeholder
Swom to and subscri		the said Jarnes P. William	m , this the 26 $%$ day
l //a /		rtify which, witness my hand and seal of office.	
Signature of officer ad	Kobuts dministering oath	UNDAR ROBERTS Notary Public State of Texas This is name of Military Harman Countries in the	No faky Title of officer administering oath

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER THAN PLEDGES OR LOANS Sc-SPAC, & SPAC-SS)					
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	ichedule A1:	
2 FILER NAME			3 ACCOUNT # (Eth		
	James R. William	5	·	<u> </u>	
4 Date	5 Full name of contributorout-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/31/01	Clayton / Delia Ma 6 Contributor address; City; State; Zip Code	bry	100.00	30 - 30 CCC 30 - 30 CCC 30 - 30 CCCC 30 - 30 CCCCC 30 - 30 CCCCCC 30 - 30 CCCCCC 30 - 30 CCCCCC 30 - 30 CCCCCC 30 - 30 CCCCCCCC 30 - 30 CCCCCCC 30 - 30 CCCCCCC 30 - 30 CCCCCCCC 30 - 30 CCCCCCCC 30 - 30 CCCCCCCCC 30 - 30 CCCCCCCCCCCCC 30 CCCCCCCCCCCCCCCCCCC	
	12315 Walthampton		ĺ		
	San Antonio TX 78216			(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
9 Principal occup	pation (Optional)	10 Employer (Option	nal)	<u>:</u>	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
. 1 . 1	Eduardo/Charline D	esamps	contribution (\$)	description (if applicable)	
4/19/01	Contributor address; City; State; Zip Code	·	200.00		
	8 Campden Court				
	San Antonio TX 78218				
Principal occu	pation (Optional)	Employer (Option	nal)		
Date	Full name of contributor)	Amount of	In-kind contribution	
	James Bilbro		contribution (\$)	description (if applicable)	
4/26/01	Contributor address; City; State; Zip Code		500.00		
4120101	8000 Forest Crossing		0.00		
	San Antonio TX 7823	3			
Principal occup	pation (Optional)	Employer (Option	nal)		
Date	Full name of contributorout-of-state PAC (ID#:_)	Amount of	In-kind contribution	
	James / Mary Willb	orn	contribution (\$)	description (if applicable)	
4/23/01	Contributor address; City; State; Zip Code				
7122101	6514 Laurel Hill		100.00		
	San Antonio TX 7822	9	!		
Principal occu	pation (Optional)	Employer (Option	nal)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
	James / Pamela Will	iams	contribution (\$)	description (if applicable)	
419101	Contributor address; City; State; Zip Code		1500.00		
	- 15190 Cadillac Dr.			, -	
	San Antonio TX 7821	18			
Principal occu	pation (Optional)	Employer (Option	nal)		
		1			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

SCHEDULE A1

OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)					
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	chedule A1:	
2 FILER NAME	James R. William	15	3 ACCOUNT # (Ethi	ics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_ Jeffrey Allison)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/27/01	6 Contributor address; City; State; Zip Code 2711 Red Dridge San Antonio TX 78248		500,00	20 - C	
9 Principal occu	pation (Optional)	10 Employer (Option	al)	Ġ H	
Date	Full name of contributor Ovi-of-state PAC (ID#:_ Jerry Williams)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/23/01	Contributor address; City; State; Zip Code 5347 Prancing Deer		1000.00		
Principal occu	Bulverde TX 78163-3	Employer (Option	al)		
1 1110000	patient (optional)				
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/19/01	Jim / Shirley Overby contributor address; city; State; zip Code 1206 Vista Del Rio San Antonio, TX 78216		200.00 		
Principal occu	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:_	 an	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4103/01	Contributor address; City; State; Zip Code 1250 NE LOOP 410 San Antonio TX 7820	AOICH	1000.00		
Principal occu	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor Over-of-state PAC (ID#:_ Maureen / Bill Sitter)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/2/01	Contributor address; City; State; Zip Code	3266-2536	200,00	ş . **	
Principal occu	pation (Optional)	Employer (Option	al)		
		·			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

SCHEDULE A1

OTHER	THAN PLEDGES OR LOAN	S		IS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this S	Schedule A1: 3 of 4
2 FILER NAME	James R. William	1 5	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of	8 In-kind contribution
11051	Myron East, JR		contribution (\$)	description(#applicable)
4/23/01	6 Contributor address; City; State; Zip Code 13750 San Pedro #	100	100.00	
	San Antonio TX 782	3み		9
9 Principal occup	pation (Optional)	10 Employer (Option	nai)	ن آھ
Date	Full name of contributor OUL-of-state PAC (ID#:_)	Amount of	In-kind contribution
	San Antonio Realtons PA	AC.	contribution (\$)	description (if applicable)
4/25/01	Contributor address; City; State; Zip Code		750.00	
	San Antonio TX 78230			
Principal occuj	pation (Optional)	Employer (Option	aal)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
419101	Stephen/Martha Hi Contributor address; City; State; Zip Code 114 Rio Bravo		contribution (\$) 500.00	description (if applicable)
	San Antonio TX 78.	23 2		
Principal occuj	pation (Optional)	Employer (Option	ai)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/9/61	Tim/Leslie Casey contributor address; City; State; Zip Code 14439 Brianedge San Antonio TX 7824		250.60	,
Principal occup	pation (Optional)	Employer (Option	ual)	
Date	Full name of contributor out-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)
4123/01	Wesly West contributor address; city; state; zip Code 7114 M+ Ranier San Antonio TX 78213		300.60	. *
Principal occu	pation (Optional)	Employer (Option	nal)	
		<u> </u>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

OTHER THAN PLEDGES OR LOANS			SC-SPAC, SPAC, & SPAC-SS)
The Instruction Guide explains how to complete this form.		1 Total pages this S	Schedule A1: 4
James R. William	5	3 ACCOUNT # (Eth	ics Commission filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/4/01 6 Contributor address; City: State; Zip Code 400 W. Bitters # 1112 San Antonio TX 7821		200.00	17 S
9 Principal occupation (Optional)	10 Employer (Option	al)	三聚
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/01 Contributor address; City; State; Zip Code 400 W. Bitters # 1112 San Antonio TX 782		300,00	
Principal occupation (Optional)	Employer (Option	ai)	
Date Full name of contributor □ out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Option	al)	
Date Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Option	al)	
Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)	Employer (Option	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruction	S Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME	James R. Willian	ms	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
3127101	Wells Fargo Bank 6 Payee address; City; State; Zip Code 40 NE Loop 410 San Antonio TX 78211	ο	2.00
8 Purpose of pay	ment (See instructions regarding type of information	9 Complete if dir	rect expenditure to benefit C/OH
required.) Checking	account service charge	Candidate / Officeholder n	name Office sought (3) Office held
Date	Payee name		Amount() (\$)
3129101	Election Support Service Payee address; City; State; Zip Code 4958 Military Dr. We		 295,5ప
	San Antonio TX 78242	L	
Purpose of pay	ment (See instructions regarding type of information	•• Complete if di	irect expenditure to benefit C/OH ••
1 ' '	king List	Carluidate / Ciricolloide /	· ·
Date	Payee name		Amount (\$)
414101	Holloway Enterprises Payee address; city, state; zip code 19026 Stone Oak Par San Antonio TX 7825	-	750.00
	yment (See instructions regarding type of information	· Complete if di	irect expenditure to benefit C/OH ··
required.)		Candidate / Officeholder i	name Office sought Office held
K	ent		
Date 415101	Payee name Holloway Enterprises Payee address; City, State; Zip Code	arkway #110	Amount (\$) 5,40
Purpose of na	San Antonio TX 78; yment (See instructions regarding type of information	•• Complete if d	firect expenditure to benefit C/OH ··
required.)	yo.c (000 mod dodono rogaram g ypo o milo madon	Candidate / Officeholder	
Ccp	ies made		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	GUIDE explains how to complete this form.		1 Total pages S	Schedule F: 2 of 4
2 FILER NAME	James R. William	1.	3 ACCOUNT #	(Ethics Commission filers)
4 Date 415(C)	5 Payee name DIBDIE RODGEVS 6 Payee address; City; State; Zip Code 400 W Bithers # 11 San Antonio TX 78			7 Amount (\$)
required.) Phone	ment (See instructions regarding type of information Charges reimb eer meals reimb	9 ·· Complete if dire Candidate / Officeholder na		o benefit C/OH ·· Office sought Office held
Date 4/5/01	Payee name Debbie Rodgers Payee address; City; State; Zip Code 400 W Bitters # 1112 San Arttonio TX 780	b		Amount (\$)
required.)	Inment (See instructions regarding type of information Charges reimb	•• Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
Date 4/13/01	Payee name Allied Advertising Payee address; city; State; Zip Code 3700 Blanco Road San Antonio TX 786	212		Amount (\$)
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held
Date 4/13/01	Payee name Home Depot Payee address; City; State; Zip Code 1006 Central Pkuy San Antonio, TX 78			Amount (\$)
required.)	yment (See instructions regarding type of information		•	to benefit C/OH ·· Office sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

POLITIC	CAL EXPENDITURES			SCHEDU	LE F
			4 Tatalance	Sebadula F	
The Instruction	Guide explains how to complete this form.		1 Total pages	Schedule F:	14
2 FILER NAME		0.006	3 ACCOUNT	# (Ethics Commission filer	(8)
4 Date	James R. Willi 5 Payee name	ars		7 Amount	
	Allied Advertising 6 Payee address; City: State; Zip Code 3700 Blanco Road San Antonio TX 78			417.03	3000
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if di	•	to benefit C/OH	Office held
Sig	ns			3	
Date 4/23/C1	Payee name Jim or Pam Willia Payee address; city; State; Zip Code 15190 Cadillac San Antonio TX 78			667,59	<u>د</u> د د د د د د د د د د د د د د د د د د
	ment (See instructions regarding type of information		in at avanditure	to benefit C/OH ··	
required.)	for meals, supplies, printing	Candidate / Officeholder	•	Office sought	Office held
Date 4194101	Payee name Election Support Service Support S	vest		Amoun (\$)	
Purpose of pay	rment (See instructions regarding type of information		lirect expenditure	to benefit C/OH ••	
required.)	ailer	Candidate / Officeholder	name	Office sought	Office held
Date 4/05/01 Purpose of pay required.)	Payee name Jim or Pam Willian Payee address; City; State; Zip Code 15190 Cadillac San Antonio TX 78. Timent (See instructions regarding type of information	∍ 48		Amour (\$)	Office held
reimb	for Supplies, printing				
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED		

POLITIO	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	edule F: 4 Of 4
2 FILER NAME	James R. William	ns	3 ACCOUNT # (Et	hics Commission filers)
4 Date 4125/01	5 Payee name Randle R. Ross 6 Payee address; City; State; Zip Code 8531 N. New Braunf San Antonio TX 78			Amount (\$) 282.75
required.) account	ment (See instructions regarding type of information hing 1 bookkeeping	9 ··· Complete if di Candidate / Officeholder (rect expenditure to be name Office	sought 9 Office held
Date	Payee name Payee address; City; State; Zip Code			Amount (\$)
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if d Candidate / Officeholder	irect expenditure to b name Office	enefit C/OH •• a sought Office held
Date	Payee name			Amount (\$)
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if d Candidate / Officeholder	lirect expenditure to b name Office	enefit C/OH •• e sought Office held
Date	Payee name Payee address; City; State; Zip Code		- -	Amount (\$)
Purpose of par required.)	yment (See instructions regarding type of information	•• Complete if o	direct expenditure to b name Offic	venefit C/OH •• ve sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			OOVER SHEET PG 1	
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST M.C. James	MI R	OFFICE USE ONLY	
NAME	MC James NICKNAME LAST	SUFFIX	Date Received	
	(Jim) Williams	5		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 0	ANTONIO TX		
Change of Address			Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER	TITLE FIRST	MI		
NAME	My. Randle	SUFFIX	Receipt # Amount Date Processed	
	(Randy) Ross		Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APTISUI 8531 N. New Braunfels #		ZIP CODE TX 78217	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (310) 824-3931	EXTENSION		
8 REPORTTYPE	January 15 30th day before electio		15th day after campaign treasurer appointment (officeholder only)	
9 PERIOD	Month Day Year	Exceeded \$500 limit Month Day	Final report (Attach C/OH - FR) Year	
COVERED	OI /94 /OI THROI		•	
10 ELECTION	ELECTION DATE Month Day Year Primary		General Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (11 known)	~	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign exper Candidates are required to disclose this information of	nditures made by others without the candi only if they receive notification of the direct	idate's prior consent or approval. t campaign expenditure. ••	
BY OTHER INDIVIDUALS	Name		, .	
	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code		
additional pages	21:01 A 2-894 1005			
RECEIVED AND OL OD CITY OF SAN ANTONIO				

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

1-800-325-8506

SUPPORT	& IOIAL		OOVER OHEET PG 2		
14 C/OH NAME	James	R. Williams	15 ACCOUNT #(Ethics Commission fiers)		
16 NOTICE FROM POLITICAL	may have been mad	tice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures.	colitical expenditures by political committees to support the candidate / officeholder. These expenditures at the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report sceive notice of such expenditures.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit bek	ow and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø		
·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,796.00		
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ Ø		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 15,103.07		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	* Ø		
Junica ?	ped before me, by	is true and correct and includes all in me under Title 15, Election Code. SILIC XAS -16-2001 The said PMCS R. Williams the said PMCS R. Williams tify which, witness my habit and seal of office.			
Printed on recycled pager		20411 -110	Revised 05/11/200		

1-800-325-8506

POLITICAL CONTRIBUTIONS

OTHER	R THAN PLEDGES OR LOAN	S 		MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Iнstruction	ON GUIDE explains how to complete this form.		1 Total pages this S	ichedule A1:
2 FILER NAM	James R. Williams		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (IDS:_ Randle Ross		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/2/01	6 contributor address; City; State; Zip Code 1902 Thicket Trail San Antonio, TX 78	:248	\$ 150,00	1974 (1 1974) 1984)
9 Principal occu	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor Out-of-state PAC (ID#:_ RIChard GCOWIN		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/3/01	contributor address; City; State; Zip Code 2916 Indian Hollow San Antonio, TX 7826	, I	891.∞	
Principal occu	spation (Optional)	Employer (Option	l nai)	
Date	Full name of contributor out-of-state PAC (IDN:_ Jeffrey All (50n)		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/6/01	contributor address; City; State; Zip Code 2711 Red bridge San Antonio TX 78	248	1,000.00	<u>.</u>
Principal occu	pation (Optional)	Employer (Option	nai)	
Date	Full name of contributor Out-of-state PAC (IDIE: Karen Sm.++)		Amount of contribution (\$)	In-kind contribution description (if applicable)
218/01	Contributor address; City; State; Zip Code 16400 Henderson Pass		150.92	e de la companya de l
Principal occu	San Antonio, TX 79	Employer (Option	hal)	12 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date	Full name of contributor Out-of-state PAC (1108): Harvey Mabry		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/8/01	contributor address; City; State; Zip Code 55 Champrons Lane		5000.00	
Principal occu	San Antonio, TX 78	Employer (Option	nai)	3.1
If conti	CITY CI ENTONIO		AS NEEDED	ng requirements.
Printed on recycl	7,11,20= 4,110			Revised 04/03/2

OTHER THAN PLEDGES OR LOANS			(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)		
The Instruction	GUIDE explains how to complete this form.		1 Total pages this S	chedule A1: 2 of 8	
2 FILER NAME	James R. William.	5	3 ACCOUNT # (Ethi	cs Commission filers)	
4 Date	5 Full name of contributor Out-of-state PAC (IDIt_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	Tom Matthaei				
218/01	6 Contributor address; City; State; Zip Code 8622 S. Zarzamora	Lot 382	100.00		
	San Antonio TX 7822	4			
9 Principal occu	pation (Optional)	10 Employer (Option	വച)		
Date	Full name of contributor Out-of-state PAC (IDIF		Amount of	In-kind contribution	
	Renee Cooper		contribution (\$)	description (if applicable)	
2/8/01	Contributor address; City; State; Zip Code		50,00	••• ••••	
	3919 Perrin Central	⁴ 207			
	San Antonio TX 78	QIT			
Principal occu	pation (Optional)	Employer (Option	nai)	ing -	
Date	Full name of contributorout-of-state PAC (IDII);_)	Amount of	In-kind contribution	
	Jim Dunkap		contribution (\$)	description (if applicable)	
2/8/01	Contributor address; City; State; Zip Code			•	
	13207 Creek Mist		300.00		
	San Antonio TX 78	330			
Principal occul	pation (Optional)	Employer (Option	nal)		
Date	Full name of contributor out-of-state PAC (IDIt		Amount of	In-kind contribution	
	Andrea Correa		contribution (\$)	description (if applicable)	
2/14/01	Contributor address; City; State; Zip Code		20001		
0111101	11721 Parliament Dr.	#710	200.00		
	San Antonio TX 78				
Principal occup	pation (Optional)	Employer (Option	Mal)	September 1	
		<u> </u>		A PARCEL CO.	
Date	Full name of contributorout-of-state PAC (IDIt_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
01.015.	Sara / Charles He	rrick		*	
2/19/01	Contributor address; City; State; Zip Code	4	100,00	er e	
	3206 Cripple Creek			; "	
		3209		and the second s	
Principal occupation (Optional) Employer (Optional)					
	91 01 7 5				
If contr	If contributor is out-of-state PAG, pletables instruction guide for additional reporting requirements.				
	OF SAN ANTONIO) 	A STATE OF THE STA		
Printed on recycle	<u> </u>	V113	·	Revised 04/03/2000	

OTHER	THAN PLEDGES OR LOAN	S	(FOR FOR	MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The Iнstruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1:	
2 FILER NAME	James R. Willia	lm5	3 ACCOUNT # (Et	nics Commission filers)	
4 Date シ/19/61	5 Full name of contributor Out-of-state PAC (IDIT) JEANNE / Robert Stinzi 6 Contributor address; City; State; Zip Code 13731 Forest Rock San Antonio TX 78	<u>ano</u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9 Principal occu	pation (Optional)	10 Employer (Option	al)		
2/19/01	Full name of contributor Out-of-state PAC (ID#:_ Paul / Cathy Spar Contributor address; City; State; Zip Code	ks	Amount of contribution (\$)	In-kind contribution description (if applicable)	
<i>- 11110</i>	1214 Saxonhill	3253	100.00		
Principal occup	pation (Optional)	Employer (Option	ai)		
Date 2/19/01	Full name of contributor out-of-state PAC (IDIT:_ DUANE / LISA CITY Contributor address; City; State; Zip Code	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
911 1701	contributor address; City: State: Zip Code 1223 Del mont Court San Antonio TX 783		500.00		
Principal occup	pation (Optional)	Employer (Option	ai)		
2/19/6/	Full name of contributor out-of-state PAC (IDS:	nueller	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/19/01	3423 Hunters Run	8230	75.00		
Principal occup	pation (Optional)	Employer (Option	al)		
2/19/01	Full name of contributor out-of-state PAC (IDK) Eric / Angela Weis	sgarber	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	contributor address: City; State; Zip Code 15115 Cadillac Dr. San Antonio TX 78	248	500,00		
Principal occupation (Optional) Employer (Option			al)	1 (A) 1 (A) 1 (A) 1 (A)	
If contr	(1. IP Db - 2 V (0: IP Db				

OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, & SPAC-SS)				
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule A1:	
2 FILER NAME	James R. Willia	lms	3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (IDIT) Donna / Michael S 6 Contributor address; City; State; Zip Code 1211 Autumn Ridge San Antonio TX 78		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
2) 19/01	Full name of contributor OUL-OF-state PAC (IDH:_ Ray WILLIAMS Contributor address; City; State; Zip Code 14 COLUMN CURL San Antonio TX		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	aal)	
2/19/01	Full name of contributor out-of-state PAC (ID#:_LITTING A David Racontributor address; City: State; Zip Code MII8 Cahill Street San Antonio TX 7	J	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	· W
2/19/0)	Full name of contributor out-of-state PAC (IDIT) Joyce / David Sheer contributor address; City; State; Zip Code 7507 Rocky Trail Converse TX 78109	naker	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	The State of the S
2/19/01	Full name of contributor out-of-state PAC (ID#:_LArry / Marie Dahl Contributor address; City; State; Zip Code	Stein	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional) Employ		Employer (Option	al)	
ATTACH ADDITIONAL CORRES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, physics see instruction guide for additional reporting requirements. ON Printed on recycled paper				

OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)				
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule A1: 5 of 8	
2 FILER NAME	James R. Willia	ms	3 ACCOUNT # (Et	ics Commission filers)
4 Date シ/シ6/01	5 Full name of contributor out-of-state PAC (IDIK_ Edward / Nancy Ke 6 Contributor address; City; State; Zip Code 44 Champions Lane San Antonio TX 785		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Option	aal)	
Date	Full name of contributor Over-of-state PAC (ID#:_ Ana Mendoga		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/26/01	contributor address; city; State; Zip Code 181 Port Charles Ave New Braunfels, TX	78130	1,500.∞	
Principal occup	pation (Optional)	Employer (Option	ai)	
Date	Full name of contributor out-of-state PAC (IDH:_ Trey Schuber+		Amount of contribution (\$)	In-kind contribution description (if applicable)
3 5 01	contributor address; city; State; zip code 15190 (adillac Dri San Antonio TX 7		500.00	- 25 %
Principal occup	pation (Optional)	Employer (Option	al)	
3/5/C/	Full name of contributor Out-of-state PAC (IDIT) Mark O'Donnell Contributor address: City; State; Zip Code 11903 Farliament # San Antonio TX 786	424 216	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(사용) 전 변경(4) - 전 변경(4)
5/9/01		108 18216	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Option	al)	
HE CONTRIBUTION AS NEEDED ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, pleases the true and the portional reporting requirements. OF SAM VM. OF SELENCED				

POLITICAL CONTRIBUTIONS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

OTHER	THAN PLEDGES OR LOANS	S	`	SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.		1 Total pages this	Schedule A1: 6 of 8
2 FILER NAME	James R. Willia	lms	3 ACCOUNT # (Et	nics Commission filers)
4 Date	5 Full name of contributoroul-of-state PAC (ID#:		7 Amount of	8 In-kind contribution description (if applicable)
3/9/01	Lucila Villarreal 6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · ·	25, 02	description (il application)
	2518 Hollow Village			
	San Antonio, TX 78	5231		
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution description (if applicable)
	Mechelle Skipper		contribution (\$)	i description (ii applicable)
3/9/01	Contributor address; City; State; Zip Code		60.00	+ f
	12701 West Ave #	1026		
	San Antonic TX 78	216		
Principal occu	pation (Optional)	Employer (Option	ai)	A Section 1
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
, ,	Susan Richesin		contribution (\$)	description (if applicable)
3/9/01	Contributor address; City; State; Zip Code			
	3310 John Glenn		50.00	
	San Antonio TX 78	3217	(Mark Mark
Principal occup	pation (Optional)	Employer (Option	ai)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Aussie Jones		contribution (\$)	description (if applicable)
3/12/01	Contributor address; City; State; Zip Code			!
3,10,01	13030 Park Crossi	na #113	56,9	
	San Antonio TX 78	\circ		
Principal occur	pation (Optional)	Employer (Option	ai)	<u> </u>
			- ** (1) (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	i si
Date	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	James/Renee William	ms :	30,10,10,10,10,11	1
3/12/01	Contributor address; City; State; Zip Code			
-,	4041 Ewing Avenue	South	10000	<u> </u>
	Minneapolis MN 551	410		en,
Principal occup	1			
	91:01 8 5 11			
	ATTACH ADDITIONAL COPIE	数Off THIS FORM	S NEEDED	
If contr				ing requirements.
	ON AND CONTROL OF STATE PAC, please say instraction of STAN AND STATE OF ST	4	$+\left \frac{1}{2}\right ^2 + \left \frac{1}{2}\right ^2$	
Printed on recycle		^110	-,	Revised 04/03/200

POLITICAL CONTRIBUTIONS

	THAN PLEDGES OR LOANS	S		SCHEDULE A I MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
The Instruction	N Guide explains how to complete this form.		1 Total pages this	Schedule A1: 7 of 8	
2 FILER NAME	Tames R. Will	iams	3 ACCOUNT # (Et	nics Commission filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)		8 In-kind contribution	
	Harold English		contribution (\$)	description (if applicable)	
3/13/01	6 Contributor address; City; State; Zip Code		1 00		
	6 Contributor address; City; State; Zip Code 7721 Terra Manor		100.00	1.000	
	Fair Oaks Ranch T			l 	
9 Principal occup	pation (Optional)	10 Employer (Option	ai)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution	
-	Jim Dunlap	/	contribution (\$)	description (if applicable)	
3/15/01					
9163101	Contributor address; City, State; Zip Code 13207 Creek Mist		100,00		
	San Antonio TX 78	3230			
Principal occup	pation (Optional)	Employer (Option	al)		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution	
	_		contribution (\$)	description (if applicable)	
3/20/01	Greg Murray Contributor address; City; State; Zip Code		75,00		
3/30/01	400 Oak Square		10,00		
	San Antonio TX	18216	Z.		
Principal occupation (Optional) Employer (Option			ai)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/21/01	Herbert / Cacille B	annwolf.	,	l de la companya de La companya de la co	
49/10/	Contributor address; City; State; Zip Code		100.00	; «Sale »	
	12 Courtside Circle		(0.	i i	
<u> </u>		216			
Principal occup	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (IDIt:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
. ,	GSABA-SABPAC	·	CO.10100001. (4)	i	
315101	Contributor address; City; State; Zip Code		1,000,00		
	8925 IH IC West		/ =		
	San Antonio TX 7823	30			
Principal occup	pation (Optional)	Employer (Option	al)	44. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11.01 A 2-n		in the second		
	ATTACH ADDITIONAL COPIE	FOF THIS FORM	AS NEEDED		
If contri	butor is out-of-stature fritted speciestre	uction guide for a	dditional report	ing requirements.	
	CITY RECEIVED)	e e de la company		

POLITICAL CONTRIBUTIONS

SCHEDULE A1

OTHER	THAN PLEDGES OR LOANS	(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)		
The Instruction	N Guide explains how to complete this form.		1 Total pages this S	Schedule A1: 8 of 8
² FILER NAME James R. Williams		3 ACCOUNT # (Eth	ics Commission filers)	
4 Date 2/17/C/1	5 Full name of contributor Out-of-state PAC (IDS:_ Harvey / Marjorie 6 Contributor address; City; State; Zip Code 55 Champions Land San Antonio Tx 7	2 8357	7 Amount of contribution (\$)	In-kind contribution description (if applicable) refreshments for Kickoff party
9 Principal occup	pation (Optional)	10 Employer (Options	au) 	
Date 3/8/이	Full name of contributor out-of-state PAC (IDST:_ Harvey / Marjorie Contributor address; City; State; Zip Code 55 Champions Lane San Antonio TX 7	,	Amount of contribution (\$)	In-kind contribution description (if applicable) refreshments for fundraiser
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor Out-of-state PAC (IDS:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			jal 1 -
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		. <u>- </u>	· · · · · · · · · · · · · · · · · · ·
Principal occup	pation (Optional)	Employer (Options	a) <u></u>	
If contributor is out-of-state PAC, present and specification of the state of the second second state of the second sec				

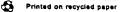
Texas Ethics Con	nmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITICAL EXPENDITURES			SCI	HEDULE F
The Instruction	N GUIDE explains how to complete this form.	!	1 Total pages Schedule F	· 8
2 FILER NAME			3 ACCOUNT # (Ethics Con	nmission filers)
	James R. Willia	ms	1-	A
4 Date	5 Payee name		7	Amount (\$)
2/0/01	Sam's Club			F1 2/2
	6 Payee address; City; State; Zip Code 12919 San Pedro		7	36.36
	San Antonio TX	78216		
	ment (See instructions regarding type of information	i '	rect expenditure to benefit C	
required.)	npaign Banner	Candidate / Officeholder r	name Office sought	Office held
الما				
Date	Payee name			Amount (\$)
	Allied Advertising			**
210/01	Payee address; City; State; Zip Code 3700 Blanco Roa	d	7	82,56
	San Antonio TX	78212		
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder s	iract expenditure to benefit C name Office sought	C/OH Office held
	-d signs			
Bu	mper stickers .			
Date	Payee name			Amount (\$)
2/5/01	Fam Williams Payee address; City; State; Zip Code			0 E E
2/5/01	15190 Cadillac Driv	ie	(8. <u>55</u>
	San Antonio TX 78	3248	, ,	
	yment (See instructions regarding type of information	·· Complete if d	irect expenditure to benefit C	
required.)	tage é labels	Candidate / Officeholder	name Office sought	Office held
	(reimbursement)			
Date	Payee name			Amount
	Hollaway Enterpri Payoe address; City, State; Zip Code 19026 Stone Cok Pa	ises Inc		(\$)
2/12/01	Payee address; City, State; Zip Code	HUD HUD	<u>-</u> 11:	28,5 <u>7</u>
	1			00, <u>-</u> 1
Dum		18258		
required.)	yment (See instructions regarding type of information	·· Complete if d Candidate / Officeholder	lirect expenditure to benefit (name Office sought	The state of the s
C	office space rent 0 V S-1	.		
	מיד אל הומח	19A 1005		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS I	NEEDED	
Printed on recycl	led paper	X113		Revised 04/04/200

Printed on recycled paper

Revised 04/04/2000

大小型¹ 15

1-800-325-8506



Revised 04/04/2000

Texas Ethics Con	nmission P.O. Box 12070 Austin, Texas	78711-2070	(512) 463-5800 1-600-323-6300
POLITIC	CAL EXPENDITURES		SCHEDULE F
The fire	Come explains how to complete this form		1 Total pages Schedule F:
The Instruction	GUIDE explains how to complete this form.		
2 FILER NAME	James R. Willic	1005	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount
		es Inc	(\$)
0/110/	Hollaway Enterpris 6 Payee address; City: State; Zip Code	49	750.00
	19006 Stone Oak P	arkway #1	10
	San Antonio TX	78258'	
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if di	rect expenditure to benefit C/OH **
	int-office space	Canadate / Cincentions :	
Date	Payee name		Amount (\$)
مام حیا	Election Support Se	rvices Inc	309.17
2128/01	Payee address: City: State: Zip Code 4958 Military Dr.	West	509.11
	San Antonio TX		
		,	rect expenditure to benefit C/OH ···
required.)	ment (See instructions regarding type of information	Candidate / Officeholder I	
Ph	one list		
			Amount
Date	Payee name	ils	(\$)
0/21/01	Inter-tel Technolog Payee address; City; State; Zip Code		183,39
Sialici	3300 Nacugdoches	#200	100,=
	San Antonio TX 7	8217	
	yment (See instructions regarding type of information	1	irect expenditure to benefit C/OH
required.)	a service	Candidate / Officeholder	name Once soogia Once neo
الالما	e service		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
		01.0	19 (19 A) 19 (19
Purpose of par required.)	yment (See instructions regarding type of information	Candidate / Officeholding	irect expenditure to benefit C/OH ** Office sought Office held
		CLERK ONL	1904
		ALLIA MA VIIJ	lin
1	ATTACH ADDITIONAL COPIE	S OF THIS FORM US	VEEDED

Texas Ethics Commission

POLITICA	L EXPENDITURES			SCHEDULE F
The Instruction Gui	DE explains how to complete this form.		1 Total pages Sc	chedule F:
2 FILER NAME	James R. Willia	ams	3 ACCOUNT # ((Ethics Commission filers)
3/9/01	Payee name Steve Butron Payee address; City: State; Zip Code 2119 FLORAL WAY San ANTONIO, Tx 782			Amount (\$)
required.)	t (See instructions regarding type of information and Consulting		rect expenditure to same Offi	benefit C/OH: ** ice sought ::: Office held
9/9/01 · ·	Payee name Steve Buitron Payee address; City; State; Zip Code 2719 FLORAL WAY SAN ANTONIO To 782	······································		256.09_
required.)	paign consulting		rect expenditure to Off	benefit C/OH ↔ fice sought Office held
9/9/01 · ·	Payee name Steve Buitron Payee address; City; State; Zip Code 2719 FLORAL WAY SAN ANTONIO, To. 7824			Amount (\$)
required.)	it (See instructions regarding type of information Light Consulfing		rect expenditure to	benefit C/OH ··· fice sought Office held
2/26/01	Payee name Debbie Rodgers Payee address; City: State; Zip Code 400 W Bitters #11 San Antonio TX	12 78216	Landing of the second	Amount (\$) 500.00
required.)	nt (See instructions regarding type of information 9 1 Conauting	CITY CLERK	irect expenditure to name Of	b benefit C/OH ** ffice sought Office held
	ATTACH ADDITIONAL COPIE	ड चित्रभावे मुंद्रोत के अ	EEDED	

(512) 463-5800 1-800-325-8506 Austin, Texas 78711-2070 P.O. Box 12070 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME 5 Payee name Date 218/01 6 Payee address; City: State; Zip Code 313 E. Nakoma 15.11 San Antonio TX 75216 Purpose of payment (See instructions regarding type of information 9 · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name name tag Randle R. Ross CPA Payor address: City: State; Zip Code 8531 N. New Braunfels 3/26/01 San Antonio TX 78217 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Office sought Candidate / Officeholder name Accounting/Bookkeeping Pam Williams Payee address; City; State; Zip Code 15190 Cadillac Dr. San Antonio TX 78248 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name: Office held yard stakes, postage, invitations **Amount** Wells Fargo Bank Payee address; City; State; Zip Code 3/5/01 3/5/01 40 NE LOOP TILL San Antonio TX 782/6 Purpose of payment (See instructions regarding type of information 1 of dyndidges / Office holder name Office sought Lapruice 1 dd 1002

Checking account service

Kirght to

ATTACH ADDITIONAL COPIES SATERS

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction	on Guide explains how to complete this form.	1 Total pages Sched	tute G: Z	
2 FILER NAME 3 ACCOUNT # (EIN			cs Core	nission filers)
JIM	WILLIAMS			
4 Date	5 Payee name		8	Amount
	EL JARRO DE ARTURO, INC.			(\$)
2/28/01	6 Paywe address; City; State; Zip Code			42.11
	13421 SAN PEOLD SAN ANTONIO, TX. 78216			
	7 Purpose of expenditure (See instructions regarding type of information req	uired.)	区	Reimbursement from political
	LUNCH WITH POLITICAL ADVISORS			contributions intended
Dete	Payee name			Amount (\$)
	HOUIDAY INN RESTAUR ONT Payee address; City; State; Zip Code			(*)
-1-1	Payee address, City, State, Ep Code			#47.86
3/5/01				41.80
		212	/	
	Purpose of expenditure (See instructions regarding type of information req	uired.)	图	Reimbursement from political
	LUNCH WITH POLITICAL ADVISORS			oontributions intended
Date	Payee name			Amount
	MANA RESTAURANT Payee address; City; State; Zip Code			(5)
31	Payee socress; City; State; Zip Code			#28.47
3/11/01	colored at a series of			28.41
	14424 N. HWY 281 SAN BATONIO, Tx.	78216	/	Dalashumanan
	Purpose of expenditure (See instructions regarding type of information req	ulred.)	V	Reimbursement from political contributions
	BREAKEAST WITH CAMPAICA ADVISORS			intended
Date	Payee name			Amount
	EZE RESTANRANT			(\$)
1 2/ 1	Payee address; City; State; Zip Code			# 24.84
3/11/01				G-7.87
	734 W. BITTERS SAN ANTONIO, Tx Purpose of expenditure (See instructions recerding type of information rec	78216	_/	Reimbursement from political
	Purpose of expenditure (See instructions regarding type of information rec	juired.)		
	DINNER WITH CAMPAILN ADVISOLS			contributions intended
Date	Payee name			Amount
	KINKOS COPIES			(\$)
	Payee address; City; State; Zip Code			#n. 12
3/14/01	= #9C.62			YCIP
1	13424 SAN PEORD SAN ANTONIO, TX. 78216		,	
	Purpose of expenditure (See instructions regarding type of information req	uired.)	Ø	Reimbursement from political
	CODIES OF CAMPAILN LETTERS	S- HOY MOX		contributions intended
	line.			

	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction	N Guide explains how to complete this form.	1 Total pages Sche	ctute G:
2 FILER NAMI	E JIM WILLIAMS	3 ACCOUNT # (Est	sics Commission filens)
4 Date 3/16/01	5 Payee name CASA REAL MEXICAN RESTAURANT 6 Payee address; City; State; Zip Code	8 Amount (5)	
	14415 BLANCO RD. SAN GHTONIO, Toc. 783 7 Purpose of expenditure (See instructions regarding type of information requ DINNER WITH CAMPAILN ADVISORS	uired.)	Reimbursement from political contributions intended
3/19/0 j	Payee name LITTLE CEASALS Payee address; City; State; Zip Code		Amount (\$) \$ 32.27
	19202 STONE OAK IKWY @ HUEBNETL SAN ANTO. Purpose of expenditure (See instructions regarding type of information requ LUNCH FOR BLOCK WALKERS	NIO, Ts ired.)	Reimbursement from political contributions intended
3/21/01	Payee name DENNY \$ Payee address: City; State; Zip Code		Amount (5)
	13535 SAN PEDAD SAN ANTONIO, TX Purpose of expenditure (See instructions regarding type of information requ BLEARFAST WITH CAMPAILN ADVIS FR	79+16 aired.)	Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information req	uired.)	Amount (\$) Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code	J. eq. fiqq 1005 —	Amount (\$) Reimbursement from political contributions
	NET OF THE PROPERTY OF THE PARTY OF THE PART	S HEEDED CITY OF S	intended